



TOWN OF ANDOVER MASSACHUSETTS

BOARD OF HEALTH

Town Offices
Andover, MA 01810
978-623-8200

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Date: _____

Name of Establishment: _____

Phone: _____

Business Address: _____ E-mail Address: _____

Mailing Address (if different): _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from applicant): _____

Owner's address: _____ Owner's telephone number: _____

Emergency Response Person: Name: _____ Home Phone: _____

Type of Establishment

Duration of Permit

FEE

****Please Note: Some prices have increased****

Pushcart ☐

Annual ☐

Retail ☐ \$125

Supermarket ☐ \$350

Food Service:

Temporary ☐

0-50 seats ☐ \$150

51-199 seats ☐ \$250

200 + seats ☐ \$350

Seasonal ☐

Caterer ☐ \$150

Frozen ☐ \$ 60

Mobile ☐ \$100

Res. Kitchen ☐ \$125

TOTAL:

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PAYMENT IS DUE WITH APPLICATION

Dates of Operation if not Annual: _____

If Restaurant: Number of Seats: _____

Number of Non-Smoking Seats: _____

Person Trained in Anti-Choking Procedure (if 25 seats or more). Yes: _____ No: _____

*Applications for mobile food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

Additional Information:

Water Source: _____

Sewage Disposal: _____

Days & Hours of Operation: _____

PLEASE SIGN OTHER SIDE OF APPLICATION ➡

If corporation or partnership, give name, title & home addresses of officers or partners.

Name

Title

Home Address

Signature of Applicant

****THE FOLLOWING SECTION MUST BE FILLED OUT BEFORE PERMIT IS RELEASED.****

Pursuant to M.G.L. Ch.62C, sec.49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal
Identification Number.

Signature of Individual or Corporate Name

By _____
Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date

Date Inspected

Approved By

Permit Type

Permit # Issued
